



The Commonwealth of Massachusetts
Office of Consumer Affairs and Business Regulation

Return completed form to:
MA Department of Telecommunication & Energy
Attn: Telecommunications Division
One South Station, Boston, MA 02110-2212
Fax 617-478-2588

CERTIFICATE OF WITHDRAWAL

The exact legal name of the company is _____

dba _____

Federal Identification Number _____

-or

Social Security Number _____

Address _____

The above-named entity:

- ☐ ceased conducting business in the Commonwealth of Massachusetts as of _____ (month, date and year);
- ☐ hereby withdraws its registration to conduct business within the Commonwealth as a payphone provider;
- ☐ hereby withdraws its registration and intrastate tariff(s) on file with the Department;*
- ☐ understands that the withdrawal of its registration and/or tariff(s) will prevent the company from operating and/or providing telecommunications services within the Commonwealth.

Dated: _____

Signature of Authorized Person

Print or Type Name, Title

Phone number where Authorized Person can be contacted

*47 C.F.R. section 63.71 and DTE 02-28 (8/7/02) re: discontinuance of service may also apply.